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09/997,894		435	3737	0922/63690

APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/250,301 11/30/2000

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

12/14/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NY	3	17	4

ADDRESS

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TITLE

MRI detection and staging of parkinson's disease and detection of progressive supranuclear palsy

FILING FEE RECEIVED 477	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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